

06-05-03

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REQUEST TRANSMITTAL

Submit an original, and a duplicate for fee processing

(Only for Continuation or Divisional applications under 37 CFR 1.53(d))

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Alexandria, VA 22313-1450

Attorney Docket No. of Prior Application	35,949
First Named Inventor	Turner
Examiner Name	Kapadia, M.
Art Unit	3626
Express Mail Label No.	EV 189950347 US

This is a request for a  continuation or  divisional application under 37 CFR 1.53(d),(continued prosecution application (CPA) of prior application number 09/442,343filed on 11/17/99, entitled Patient Information System and Method of Using Same.

## NOTES

**FILING QUALIFICATIONS:** The prior application identified above must be a nonprovisional application that is either: (1) complete as defined by 37 CFR 1.51(b), or (2) the national stage of an international application in compliance with 35 U.S.C. 371. Effective May 29, 2000, a CPA may only be filed in a utility or a plant application if the prior nonprovisional application was filed before May 29, 2000. A CPA may be filed in a design application regardless of the filing date of the prior application. See "Request for Continued Examination Practice changes to and Provisional Application Practice," Final Rule, 65 Fed. Reg. 50092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office (Apr. 11, 2000).

**C-I-P NOT PERMITTED:** A continuation-in-part application cannot be filed as a CPA under 37 CFR 1.53(d), but must be filed under 37 CFR 1.53(b).

**EXPRESS ABANDONMENT OF PRIOR APPLICATION:** The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA. 37 CFR 1.53(b) must be used to file a continuation, divisional, or continuation-in-part of an application that is not to be abandoned.

**ACCESS TO PRIOR APPLICATION:** The filing of this CPA will be construed to include a waiver of confidentiality by the applicant under 35 U.S.C. 122 to the extent that any member of the public who is entitled under the provisions of 37 CFR 1.14 to access to, copies of, or information concerning, the prior application may be given similar access to, copies of, or similar information concerning, the other application or applications in the file jacket.

**35 U.S.C. 120 STATEMENT:** In a CPA, no reference to the prior application is needed in the first sentence of the specification and none should be submitted. If a sentence referencing the prior application is submitted, it will not be entered. A request for a CPA is the specific reference required by 35 U.S.C. 120 and to every application assigned the application number identified in such request, 37 CFR 1.78(a).

**WARNING:** Information on this form may become public. Credit card information should not be included on this form.  
Provide credit card information and authorization on PTO-2038.

1.  Enter the unentered amendment previously filed on March 5, 2003, under 37 CFR 1.116 in the prior nonprovisional application
2.  A preliminary amendment is enclosed.
3.  This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53 (d)(4).
  - a.  **DELETE** the following inventor(s) named in the prior nonprovisional application:
  - b.  The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4.  A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5.  Information Disclosure Statement (IDS) is enclosed:
  - a.  PTO-1449
  - b.  Copies of IDS Citations

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This collection of information is required by 37 CFR 1.53(d). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 24 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop CPA, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0100 (1-800-767-0100) and select option 2.



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	20-20* =	0	x \$____ =	\$ 0
	INDEPENDENT CLAIMS 37 CFR 1.16(b) or (i))	3-3** =	0	x \$____ =	0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			x \$____ =	0
				BASIC FEE (37 CFR 1.16)	750
				Total of above Calculations =	750
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				375
	* Reissue claims in excess of 20 and over original patent.			TOTAL =	375
	** Reissue independent claims over original patent.				

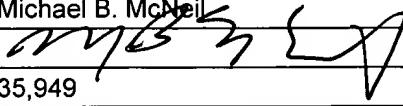
6.  Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Director is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 500226 - \_\_\_\_\_:
  - a.  Fees required under 37 CFR 1.16.
  - b.  Fees required under 37 CFR 1.17.
  - c.  Fees required under 37 CFR 1.18.
8.  A check in the amount of \$ 375 is enclosed.
9.  Payment by credit card. Form PTO-2038 is attached.
10.  Applicant requests suspension of action under 37 CFR 1.103(b) (fee under 37 CFR 1.17(l) enclosed).
11.  New Attorney Docket Number, if desired  
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a.  Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
   
b.  Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13.  Other: Petition for 2 month Extension of Time.

**NOTE:** The prior application's correspondence address will carry over to this CPA  
UNLESS a new correspondence address is provided below.

**12. NEW CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			<input type="checkbox"/> New correspondence address below
Name				
Address				
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Country	Telephone		Fax	

**13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print /Type)	Michael B. McNeil
Signature	
Registration No. (Attorney/Agent)	35,949
Date	06-04-03